

**Mohammadreza Hojat. Empathy in Patient Care. Antecedents, Development, Measurement, and Outcomes. New York: Springer; 2007. 295 pages; ISBN 978-0-387-33607-7; \$59.95**

**Fields of medicine:** Health psychology.

**Format:** Hardcover book.

**Audience:** Physicians, residents, medical students, students and practitioners of other health professions including the disciplines of nursing, psychology, and clinical social work, as well as faculty members involved in education and training of health professionals.

**Purpose:** To describe the antecedents, development, measurement, and importance of empathy in the context of patient care. Also, to recognize empathy as an important element of professionalism, and to emphasize the importance of introducing new classes and methods into the curriculum of medical schools for the improvement of empathy skills among students and residents for future better physician-patient relationship and better patient outcome.

**Content:** The book is divided into two parts: Part I – Empathy in Human Relationship and Part II – Empathy in Patient Care which are closely interrelated. The first part consists of five chapters, in which empathy is discussed from a broader perspective in the general context of human relationships. In the second part, which consists of seven

chapters, the focus shifts more specifically to empathy in the context of patient care. Each chapter begins with a preamble presenting the highlights of the text, and ends with a recapitulation that provides a global view of the chapter.

In the first chapter, the author presents a historical background of the concept of empathy, discusses the differences associated with definitions and descriptions of empathy, and outlines the distinction between cognition and emotion, and understanding and feeling.

Chapter two presents the beneficial effect of the social support system on health. It emphasizes the detrimental effects of loneliness on the nature, mechanisms, and consequences of the interpersonal relationship. The relationship between clinician and patient serves as a special kind of social support system, with all its beneficial healing power.

In chapter three, empathy is viewed from an evolutionary perspective, and the psycho-socio-physiological function of empathic engagement is described. Recent findings from neuroimaging studies of the brain, genetic studies of empathy, and the link between neurological impairment and

deficiencies in empathy are also discussed in this chapter.

Chapter four discusses the psychodynamics of empathy by emphasizing the importance of prenatal, perinatal, and postnatal factors (especially the mother's availability and responsiveness) in the development of social and altruistic behaviors. Experimental studies are presented to show that early relationships with a primary caregiver influence the regulation of emotions, which becomes an important factor in the interpersonal relationship and in empathic engagements.

Chapter five describes several most frequently used instruments for measuring empathy in children and adults.

In Chapter six empathy in patient care is defined as predominantly cognitive (rather than an emotional) attribute that involves an understanding (rather than feeling) of experiences, concerns, and perspectives of the patients, combined with a capacity to communicate this understanding. Also, three key features in the definition are emphasized in detail: cognition, understanding, and communications.

Chapter seven describes the developmental phases and psychometric properties of the Jefferson Scale of Physician Empathy (JSPE): student (S-version) and the health professional version (HP-Version). Both versions, as well as Jefferson Scale of Patients Perceptions of Physician Empathy (JSPPPE), are presented in detail in the Appendix section at the end of the book.

Chapter eight discusses the interpersonal dynamics involved in the empathic relationship between clinician and patient, and proposes that both can benefit from empathic engagement. The clinician should learn to listen with the "third ear" and to see with the "mind's eye." Empathic engagement in patient care can be influenced by cultural factors, personal space, and boundaries. Only 8% of medical schools in the United States and no medical school in Canada offer formal courses about cultural issues in patient care. For example, disclosure of a serious diagnosis like

cancer is not equally acceptable in different cultures. The same is true for the involvement in the process of decision making.

In Chapter nine, the link between empathy, sex, psychosocial variables, clinical performance, career interest, and choice of specialty is discussed. Women have a greater capacity for empathy than men. Data show that male and female faculty members of academic medical centers who did not have children showed equivalent career accomplishments, but female members who had children progressed more slowly because of their involvement in child raising. That is an indication of the intrinsic motivation that prompts a woman toward caring and contributes to sex differences in empathy. Also, empathy positively correlates with altruistic behavior and personal qualities like tolerance, emotional intelligence, moral judgment, sensitivity, sense of humor, and flexibility. On the other hand, aggressiveness, introversion, depression, anxiety, lying, physical abuse, neurotic or psychotic disturbances negatively correlate with empathy. The high scores on measures of empathy are associated with greater clinical competence and interest in people-oriented specialties as opposed to technology or procedure-oriented specialties.

Chapter ten reports the theoretical link between research data on empathy and positive patient outcome. The quality of clinician-patient relationships leads to a more accurate diagnosis, to patients' greater satisfaction with their health care providers, better compliance with treatment regimens, and a reduced tendency to file malpractice suits. Some studies (more often in psychotherapy than medical or surgical treatment) confirm the link between clinician-patient empathic engagement and a positive patient outcome. Differences in physicians' responses (empathic or sympathetic) could lead to significant differences in their style of practice and the use of resources. Also, empathy can reduce the cost of medical care, improve patients' satisfaction with

their health care, and reduce their concern about the illness.

Chapter eleven describes the importance of enhancement of empathy in medical education and in the practice of health care. Despite the fact that empathy is viewed as an important element of professionalism in medicine, insufficient attention has been given to enhancement of empathy during the undergraduate and graduate medical education. Data show that medical students become more cynical during their medical education. Recent developments of health care system contribute to physicians' discontent with the practice of medicine and a lack of opportunity for empathic engagement. Some factors connected with physicians' dissatisfaction are the significant decline in the time physicians spend with the patient, their inability to control the length of patients' hospital stay, loss of autonomy, and the work schedules.

The positive side is the evidence that empathy can be enhanced through different educational programs and appropriate experience like involvement of students in role-playing, shadowing a patient, courses in arts and humanities and literature, interpersonal skills training, perspective talking, exposure to role models, and imagining.

In the final chapter, empathy is viewed from the broad perspective of the system theory (clinician-related, no clinician-related, social learning,

and education subset). Also, this chapter presents the agenda for future research.

**Highlights:** This book is an excellent overview about antecedents, development and measurement of empathy and in particular about the importance of empathy in patient care. In the whole book theoretical aspects are discussed, and relevant studies and empirical findings are presented in support of the theoretical discussion. Many references cited for critical issues for further review are alphabetically listed at the end of the book. Empathy can contribute to the physical, mental, and social well-being of both patient and clinician. Empathic communication is a teachable and learnable skill. All medical schools should incorporate new classes and methods in the curricula to improve empathy skills among students and residents, for future better physicians-patient relationship and better patient outcome.

**Limitations:** As the author wrote, although studies that confirm a correlation between physician-patient empathic engagement and patient outcomes in medical care are convincing, more empirical evidence is needed to verify a direct link between measures of empathy in the context of patient care and objective indicators of patient outcomes.

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